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Representations of Traditional Healers: an African feminist perspective

by

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Minor dissertation (article format)

Submitted in partial fulfillment of the requirements for the degree of

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To my Mother, Father, and Brothers, who have joined the realm of Ancestors, I thank you for your individual and collective virtues of truth, empathy and wisdom. I am reminded that power without wisdom is destructive, power without love is cold, love without power is impotent and wisdom without power is useless. The Zulu people speak of *amandla* and *uthando*.

To my husband, Richard Deh, and my children, Yale, Bryce and Ashley - I Love you beyond the power of words. I thank you with every breath for your unconditional Love and support. With you, I am reminded that we are all teachers and students at the same time.

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1. Preface

1.1. Article format

This minor-dissertation was completed in article format as indicated by the guidelines of the University of Johannesburg in consideration with the guidelines of the selected journal.

1.2. Selected Journal

The South African Journal of Psychology was the chosen journal for this publication. A shortened version of the manuscript, in line with the journal's requirements, will be prepared for submission. The South African Journal of Psychology follows the American Psychological Association (6th edition, 2009) referencing style, unless otherwise stated. The minor-dissertation's pages are numbered consecutively, beginning with the title page as required by the chosen journal's guidelines.

1.3. Permission from co-authors

A letter of consent signed by the co-author, in which they give permission that the manuscript entitled, "Representations of Traditional Healers: an African Feminist's Perspective" may be submitted for the purposes of a mini-dissertation in partial fulfillment for the degree of Master of Arts in Clinical Psychology, at the University of Johannesburg.

2. Author Guidelines and Manuscript

Representations of Traditional Healers: an African Feminist's Perspective

2.1. Instructions to authors

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Manuscript submission

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Acknowledgements

In order to ensure a blind-review, acknowledgements should be included in the final stages of the manuscript review process, i.e. on final acceptance. Any acknowledgements should appear first at the end of your article prior to your Declaration of Conflicting Interests (if applicable), any notes and your references.

All contributors who do not meet the criteria for authorship should be listed in an ‘Acknowledgements’ section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

Funding acknowledgement

The *South African Journal of Psychology* requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the Funding Acknowledgements page on the SAGE Journal Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Declaration of conflicting interests

The *South African Journal of Psychology* encourages authors to include a declaration of conflicting interests (if any), and recommends review of the good practice guidelines on the SAGE Journal Author Gateway.

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A. A typical citation of an entire work consists of the author's name and the year of publication.

Example: It has been observed that psychiatric services are often poorly developed in rural areas (Emsley, 2001). Use the last name only in both first and subsequent citations, except when there is more than one author with the same last name. In that case, use the last name and the first initial.

B. If the author is named in the text, only the year is cited.

Example: According to Emsley (2001) numerous studies...

C. If both the name of the author and the date are used in the text, parenthetical reference is not necessary.

Example: In a 2001 article, Emsley found that...

D. When the reference is to a work by two authors, cite both names each time the reference appears.

Example: “Evidence from industrialized countries demonstrate an association between poverty and risk for common mental disorders” (Patel & Kleinman, 2003, p.609) ...

Patel and Kleinman (2003) also explained how...

E. When the reference is to a work by three to five authors, cite all the authors, the first time the reference appears. In subsequent references, use the first author's last name followed by et al.

Example: Depression is noted to be a major contributor to the burden of mental health (Harpham et al., 2003). However, when the work is by six or more authors, only use the first authors' name followed by et al. in the first and all subsequent references.

F. When the reference is to a work by a corporate author, use the name of the organisation as the author.

Example: ... (National Institute of Mental Health [NIMH], 2000) ...

Reference List

The list of reference should only include alphabetised works that are cited in the text and that have been published or accepted for publication.

A. Journal article

Example: Emsley, R. (2001). Focus on psychiatry in South Africa. *British Journal of Psychiatry*, 178(4), 382-386. doi:10.1192/bjp.178.4.382

B. Book

Example: Miller, A. J., Thomson, F., & Callagher, D. (1998). *Affluence in suburbia*. London, UK: BL Books.

C. Chapter in a book

Example: Miller, A. J., Thomson, F., & Callagher, D. (1998). Epping case study. In C. Carter (Ed.), *Affluence in suburbia* (pp.200–250). London, UK: BL Books.

D. Website

Example: Miller, A. J., Thomson, F., & Callagher, D. (1998). Epping case study. *Suburban studies*, 12, 1–9. Retrieved from <http://xxxx.xxxx.xx.xx/xxxx/xxxxxx/>

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3. Manuscript

Representations of Traditional Healers: an African feminist perspective

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Abstract

There may be a particular value attached to African healers as a means of empowerment for the collective liberation of black women. Much has been written about the value of African traditional healers, but few reports include gendered representations for analysis. In response, the aim of this article is to reveal how gender is demonstrated in the literature about African traditional healers and discuss the implications from an African feminist perspective. I conducted a critical review of 21 African traditional healing and gender focused publications from 1990-2019. My inclusion criteria prioritised peer reviewed academic literature to address issues of validity and reliability, but due to few studies I also reviewed books, case-reports, thesis and dissertations that reported gendered representations, traditional healing and/or commented about gendered absence. Reviewed literature considered traditional healing and/or gendered representations as an important part of the analytical framework, and text written from an African feminist paradigm. Thematic analysis uncovered three themes: 1.) Signifiers of gender were present in the literature, implicitly codified in performance (e.g. helping, care), or traditional healers were homogeneously characterised. 2.) Gendered mysticism may support a means of empowerment for traditional women and healers. 3.) African constructions of gendered sexualities may differ from heteronormative Western ideals and are little understood. Concluding remarks considered it may be difficult to imagine African women traditional healers in different gendered roles that may undermine the classic feminist interpretation of a collective liberation. It is my hope this work will stimulate future interest in the field of gendered representations of traditional healers, thereby constructing what can and cannot be said about them.

Key words: African feminist; traditional healer; women's health; gender; social change

Representations of Traditional Healers: an African feminist perspective

Introduction

African traditional healers fulfil a corpus of social and political roles in the community, that include: divination; healing physical, emotional and spiritual illnesses; directing birth or death rituals (Ikuomola, 2015); counteracting witchcraft; and narrating the history, cosmology and myths of their community's traditions (Bantjes, Swartz, & Cembali, 2018; Ikuomola, 2015). More-often, "a person does not self-elect to become a traditional healer" (Sodi et al., 2011, p.101), but is selected (*called*) by the spirit of a deceased family healer or an ancestral spirit to acquire their healing methods and skills (Edwards, Makunga, Thwala, & Mbele, 2009; Moyo, 2014; Sodi et al., 2011). Men or women ancestral spirits can possess the healer, but same-gender line channeling is reportedly more common (Stobie, 2011).

In the literature there are cases of high satisfaction with traditional healers' interventions (Moodley, Sutherland, & Oulanova, 2008; Sutherland, 2015), but some reports caution traditional healers may absorb high expenditure from vulnerable households' that include out-of-pocket healthcare payments (see Ahlberg, 2017; Levin, 2008, 2017; Nissen & Manderson, 2013; Nxumalo, Alaba, Harris, Chersich, & Goudge, 2011). From a psychological healing space African scholars advocate for the indigenization of psychological knowledge and the advancement of African paradigms, definitions and practices (see Bojuwoye & Sodi, 2010; Jamison, 2008;

Johnston, 2015; Moodley et al., 2008; Sodi & Bojuwoye, 2011). As mental health issues can have serious economic and social implications, health policy reports are aimed to build links with traditional healers and strengthen human capacity towards prevention of illness (see Hills et al., 2013; South African Department of Health, 2008, 2012; World Health Organization, 2013). Scholars also explain and educate about the challenges of dual healthcare interventions that often focus on the implications for Western practitioners (see Ahlberg, 2017; Burns & Tomita, 2015; Edwards et al., 2009; Liverpool et al., 2004; Moodley et al., 2008; Tholene Sodi & Bojuwoye, 2011). In these ways, African traditional healers satisfy a neglected space in psychological healing. What is problematic about these foci of analysis?

There are few gendered analysis of traditional healers in the literature, as with other forms of alternative healing (Keshet & Simchai, 2014; Nissen & Manderson, 2013), especially when considering African women's experiences (Federici, 2010; Makasi, 2013; Mokwena, 2004; Nelms & Gorski, 2006). While the context of traditional healing is not exclusive to men or women (Sointu, 2011), holistic healthcare in the West is reportedly dominated by women as both users and practitioners (see Keshet & Simchai, 2014; Nelms & Gorski, 2006; Nissen & Manderson, 2013; Sointu, 2011). Little research is available to inform how African women experience or practice traditional treatments; and whether they are experienced or practiced differently by gender (Nelms & Gorski, 2006; Nissen & Manderson, 2013). Furthermore, there may be a particular value attached to African healers as a means of empowerment for the collective liberation of black women (Chinyama, 2017).

Gender is often associated with feminism (activism against gendered oppression), and feminist (those who study and advocate for women's equality) (Shefer, 2004). To study gender is also to study power relationships (Butler, 1990). Mohanty (1984) reports that classic feminist practice has historically focused on a universal experience of female oppression. Mohanty (1984) forebodes classic feminist conceptualisations of identity, experience, and oppression may overshadow African women's unique experiences of oppression. African feminism was born from these voices and realities of women whose particular issues were not accounted for by the normative experiences of classic feminists (Kiguwa, 2008; Makasi, 2013; Mkhize, 2018; Shefer, Boonzaier, & Kiguwa, 2006). African feminist theory explicitly addresses the racial and gendered discourses of knowledge production as well as emphasising the relevance of categories such as 'marginalised woman'.

In *Under Western Eyes*, Mohanty (1984) was critical of classic feminist texts that maintained homogeneous perspectives and presuppositions about women of colour from the developing world. Her argument was anchored using a select group of articles available from Zed press, titled the *Third World Series* (Mohanty, 1984). Mohanty maintains the selected classic feminists' texts codified scholarly writing by discursively "othering" non-Western women as a collective Other. Furthermore, this was done through the construction of monolithic terms and classifications of the average non-Western woman as "poor, uneducated, tradition-bound, family-orientated, victimised, etc." (Mohanty, 1984, p.337). Western women were codified as knowledgeable, contemporary, free, and having self-determination over their bodies and sexuality (Mohanty, 1984). Mohanty (1984) reports the overgeneralization of women damages solidarity, fragmenting them into two factions. The split assigns privilege to select women as the norm or referent group that form a binary analytic

(Mohanty, 1984; Rosaldo, 1980). The implicit categorisation of Western women as the norm implies they are gatekeepers of knowledge through text and language, that defend non-Western women as oppressed and victimised. Mohanty (1984, p.340) objected, not against the use of universal groups for narrative purposes, but when the homogeneous sociological grouping of 'women of Africa' is used to characterise common dependencies or powerlessness. Mohanty (1984) argues for more empowering descriptions when characterizing "Women of Africa". While Mohanty's analysis was specifically focused on the articles in Zed press, African feminists may also benefit from her critique when they aim to write or theorise about the lives of African Women, particularly women in disadvantaged or rural areas.

Race, class and gender play a unique role in feminist writing. Fox-Genovese (1988) reports African-American women authors maintain distinct features in their writings. They have common recognition of racial and socio-economic characteristics. Gendered distinctions in African-American writers were reported less prominent than in writings by white women authors. African-American authors place more emphasis on community, beyond the individual, and women are characterised as the caretakers of culture, history and values. Fox-Genovese (1988) demonstrates the intersections of race, gender and class are as important to analyse when reporting on Women of Africa's heterogeneous experiences (Mlisa, 2009; Mohanty, 1984; Morgan & Reid, 2003; Stobie, 2011). In particular, a clearer understanding of gendered representations of African traditional healers in the literature is sought because African Women maintain unique traditions of healing that present within nuanced and complicated spaces. In large part because African Women often live in nuanced and complicated spaces, suspended between black and white; male and female; health and illness; the

powerful and the powerless. As Africa is not a monolith, there is diversity regionally, ethnically, politically and religiously - which influence the African Woman's understanding of gendered struggles different from women in other parts of the world (Mkhize, 2018; Mohanty, 1984).

As the majority of literature about traditional healing emanates from the West (Keshet & Simchai, 2014; Nissen & Manderson, 2013; Tamale, 2011), the legitimacy and meaning of African knowledge constructions are often measured by Western standards and experiences (Mudimbe, 1996). Western analysis, with narrow ability to understand the nuances of an indigenous culture, may overlook or distort concepts, standards and experiences of an African person's reality (Baloyi & Ramose, 2016; Nwoye, 2017). In the literature, a discursive marginalisation of gendered representations occurs "when a given group, movement, or representative channel excludes, undervalues, or suppresses some forms or appearances of collective subjectivity over others" (Hindman, 2011, p.191). What does this say for the validity of foreign grown theories; and how the discursive marginalisation of African Women traditional healers is maintained? Should the literature published by the West about African traditional healers be more closely examined for appropriateness and relevance? Western views cannot be totally ignored as many post-colonial countries are rooted in the traditions of their former colonisers and there are borrowed traditions from both sides that continue to evolve (see Brenton & Elliott, 2014; Keshet & Simchai, 2014; Sointu, 2011; Tamale, 2011). None-the-less the current state of unbalanced intercultural exchange means that hegemonic Western theoretical perspectives dominate the foundations of rationale and practice (Tamale, 2011); where the 'knower', the 'known' and the 'knowable' are often taken for granted.

In response, the aim of this article is to reveal how gendered representations are made visible in the writings about African traditional healers. My objectives are to 1.) critically review gendered representations of African traditional healers in the literature and 2.) discuss the implications thereof, from an African feminist perspective. The literature was critically reviewed considering the continued hegemony in Western knowledge production and men in publishing; gatekeepers for those who are heard and 'others' who are not. As Mama (2000, p.13) reflects, "most of them are men, precious few are African, and fewest of all are African women".

Design

Methodology

This qualitative study was approached broadly from the perspective of a critical review as defined by Grant and Booth (2009). Although a critical review may not explicitly demonstrate formal quality assessment of the data, it moves beyond basic descriptions to highlight each item's conceptual contribution. Literature identified as significant was first evaluated and analysed before synthesis. Although highlighted interpretive elements from the literature are subjective, hypothesis may still be generated towards new interpretations of thought for further evaluation (Grant & Booth, 2009).

Methods

Creswell (2014) reported on systematic steps to capture, appraise and summarise the literature:

(1) I initially identified key words from preliminary readings. (2) Next, I conducted an exploratory search for primary studies to get a feel for the literature, progressively to refine inclusion criteria in light of emerging data. (3) As useful literature was identified, I began designing a literature map to select and appraise the quality of studies, on relevance to address my approach and rigour. (4) While developing the literature map I began extracting data, iteratively analysing and synthesizing for relevance. Draft summaries were made of the most relevant articles to be combined in the final research study, including documentation of precise references to the literature. (5) Research questions provided the basis for interpreting the analysis. After coding and summarizing the literature, I assembled the review, structuring it thematically organised by important concepts. Interrelated themes were analysed for higher level constructs. My report of contextualised data includes any contradictory understandings to generate additional insight. The review produced a summary of major themes and suggests how this study adds to the literature.

Search Strategy

My search strategy included accessing the literature through the following electronic databases: PubMed, PsycINFO, ProQuest, African Journals Online,

EBSCOhost, Sabinet, Google Scholar, and publication reference lists. Databases that provided full-text copies of articles were prioritised to reduce the search time for articles. Due to a paucity of research in this area a time-frame from 1980-2019 (current) was conducted.

Inclusion Criteria

My inclusion criteria prioritised peer reviewed academic literature to address issues of validity and reliability, but due to few studies I also reviewed books, case-reports, thesis and dissertations that reported gendered representations, traditional healing and/or commented about gendered absence. Reviewed literature considered traditional healing and/or gendered representations as an important part of the analytical framework, and text written from an African feminist paradigm. I investigated publications written in English, as the researcher's language fluency was limited to English, but country of origin did not limit my search. I explored a wide range of subject areas that included Psychology, Health and Medicine, Religion and Theology, Sociology, Anthropology and Development studies, Philosophy, and Public management.

Exclusion Criteria

Excluded were abstracts, editorials and publications where traditional healing and/or gendered studies were not the research focus.

Search Terms

The following search terms were applied: either African, traditional healer or sangoma; And any one of the terms (OR): gender, identity, identity construction, healing, women, men, female, male, same sex, sexuality, homosexual; and any one of the terms (OR): representations, spirituality, alternative medicine, complimentary, traditional medicine, indigenous medicine, indigenous knowledge, ukuthwasa (OR) feminism, African feminist. I would locate an article close to the topic then look at the terms used to describe it, and use these terms in the search.

From the search criteria, I produced a preliminary set of articles (N=101). Article abstracts were surveyed to classify their relevance. Potentially relevant articles were downloaded, organised and managed using Mendeley reference management. I evaluated the results as I progressed. I reviewed my keywords and search-terms. I identified other library resources to search and I created alerts. I identified 21 relevant publications. Complete works were retrieved and thematically analysed.

Thematic Analysis

Braun and Clarke, (2013) reviewed thematic analysis as a suitable technique to summarise, organise and address strong themes in the literature that greatly vary. The method provides a flexible means to integrate quantitative and qualitative data.

Thematic analysis was used to both describe and interpret themes through the development of higher classifications beyond information identified in the data set.

Credibility

Techniques used to establish the credibility of the review include: triangulation of the different data sources of information to establish a coherent justification of themes; reflective journaling; attempts to clarify researcher bias through commentary of how interpretive findings were shaped by the researcher's gender, culture, history and socioeconomic origin; presentation of contrary information when discussing data about a theme; peer debriefing to enhance account accuracy; and an external auditor to review the entire article (Babbie, 2013). Reliability procedures involved to check the working manuscript for obvious mistakes, document the procedures used, re-examining the data several times for coding consistency, and reporting alternative explanations (Babbie, 2013).

Reflexivity

Creswell, (2014) argues a major distinction of qualitative researchers is to reflect on their role as the primary data collection instrument and identification of personal values, assumptions and bias at the study's outset. My perception of gendered representations of African traditional healers in the literature has been shaped by the intersectionality of my personal experiences. As the child of Afro-

Caribbean parents, I have real life experiences consulting with traditional healers across the diaspora. The support of my Ancestors is undeniable and present in everyday life. I am also a Western trained mental health-care professional who works in a clinical setting. I am trained to assess, diagnose and treat mental illness as a member of a multidisciplinary healthcare team using the bio-psycho-social model. The model acknowledges the importance of an individual's spiritual domain, but struggles interactively with diagnosis and treatment. While spiritual knowledge may be outside of empirical scientific methods, I consider both are important to humanity's quest for truth and happiness. I believe reflection on my own intersectionality can enhance awareness, knowledge and sensitivity to the many challenges, decisions and issues faced by many African Women and traditional healers. To my writing I bring a fundamental belief in human rights, grounded in my commitment to social-justice as a pan-African feminist.



Ethical Considerations

Ethical approval for the study was granted by the University of Johannesburg. This article reviewed and reported on existing literature towards its conclusions. No human subjects were interviewed and research data with interview transcripts were anonymised during secondary analysis.

Findings

Gender was Invisible

Feminist writers are reportedly the first to highlight the absenteeism of women as primary subjects in research, and men as the standard barometer for health (Courtenay, 2000). Courtenay (2000) reasons feminist activity is so successful that “gender and health” is synonymous with “women’s health”; despite women experience less severe chronic illness, lowered rates with primary causes of mortality, and live longer than men (Courtenay, 2000; WHO, 2019). Courtenay (2000) argues there is a lack of studies that examine why men adopt less healthy lifestyle behaviours and health-promoting views compared to women. The author hypothesised social practices that often undermine men’s health are the same instruments men use in the structuring and acquisition of power. It is in the active pursuit of power and privilege that men harm themselves (Charmaz, 1995, p.268; Courtenay, 2000), as hegemonic masculinity has low tolerance for weakness.

Boonzaier and Shefer (2006, p.3) report there is a sexist nature to the majority of psychological research that often serves the dominant group’s interests. The authors tabled concerns about authorship and representation in feminist theories, where Western women, (often white) give voice to “other” women from emerging countries, potentially to advance their research careers (Boonzaier & Shefer, 2006). Shefer, Shabalala and Townsend (2004, p.579), echoing other literary voices, write the “focus was not only on the lack of black female authors, but importantly the linked question of who has the right to represent, speak on behalf of and do research on whom”. A host of scholars support that an African Woman’s world view may be understood philosophically and ontologically different from Western belief systems (see Butchart,

1997; Mungwini & Viriri, 2010; Nwoye, 2015b, 2015a; Sodi & Bojuwoye, 2011; Sorsdahl et al., 2010). Differences may be attributed to communal versus individualistic ways of knowing and theorizing identity (including gendered identity). Mama (2002) reports that in most African languages, African people tend to define themselves in communal terms that indicate their clan or ethnic origins. For example, a married African Women's gendered identity may be expressed differently in rural and urban contexts, where her identity can be changed and adopted depending on the situation she finds herself in (Shefer, 2004). Mama (2000) argues writing offers the chance to maintain overlooked nuances of cultural constructions that include gendered identity.

Mkhize (2018) discussed the importance for translating opaque meanings of gendered construction in, *A Conversation with Gogo Ngoatiakumba* (GN), whom had just become a gobela; one who takes initiates through the rituals of ukuthwasa. Mkhize enquired why the initiates called Gogo Ngoatiakumba, "baba" [father] in consideration of multiple vernacular and theoretical lenses of gendered titles in the southern African context. Gogo N. replied,

I am not sure why someone is called "baba" even if they are a woman, but the only thing I can think of is that, because our lineages are patrilineal, and spiritually you are led from your grandmother, so your father "ubaba" gives you your law, but your gift of the calling comes from your grandmother.

This means that the title of "baba" means that I raise amathwasa [initiates]. I don't raise them per se, I guide them to remember the things they need to

know. The spiritual force and gift, however, the life giving, comes from the grandmother. As such, “ubaba” can be a gender-neutral term. You see, even my initiates call the man who initiated me “ugogo”; he is a man, but he gets called by the female designation.

The underlying African world view of balance in healing and the importance to report on opaque cultural differences in gender constructions may be extrapolated from Mkhize's (2018) interview with GN. Mkhize (2018) and GN disagree with classic feminist scholars that maintain a binary gendered scheme, noting that African feminists support a spectrum of gendered energy (Mkhize, 2018; Stobie, 2011; Tamale, 2011). There should be no assumption people's identities are unitary and constant (Nwoye, 2017).

GN: They (language) have been gendered because white people are concerned with femininity as something dainty and soft, and masculinity as some aggressive all-encompassing thing, like violence. But in the realm of idlozi, there are elements of everything in everything. There are elements of the dominant aggression in the feminine and elements of the so-called soft in the masculine. But these words are a problem because of the language... You see, I could not easily put the word ‘violence’ in there if it is in isiZulu ... whereas the word ‘power’ – ‘amandla’ – does not necessarily always evoke the same sense of male-dominant masculinity that the Western feminist conception is attempting to deconstruct.

African feminist scholars play a pivotal role in indigenous knowledge construction to document African Women's views. Gogo Ngoatiakumba went on to dismiss the failure of hegemonic feminism to forward a meaningful analysis of capitalism and confront the true effects on African people (Mkhize, 2018). As it is important to encourage linkages between real life experiences and the phenomena under study, interviews with African traditional healers - by African feminist like Nomalanga Mkhize (2018), is a way forward to address the dearth of gendered representations in the literature.

Freeman and Motsei (1992, p.1183) reviewed main debates facing post-apartheid health care planners towards the inclusion or exclusion of outlawed traditional healers into the formal South African health sector. They report three main types of traditional healers were available to South African consumers: the traditional doctor, or *inyanga*, is generally a male, who uses herbal and other medicinal preparations for treating disease. Second, the *isangoma* (Zulu interpretation) is usually a woman who operates within a traditional religious supernatural context and acts as a medium with ancestral shades. Third, the *faith healer*, integrates Christian ritual and traditional African spiritual practices (Freeman & Motsei, 1992). Gendered representations of 'healing' and 'care' were reported in their study, but went unexplored despite reporting performative differences in traditional healers' gender roles. With minimal gendered reporting, healers were discussed as a homogenous group and African 'Women' healers discursively marginalised (see also Peltzer, 2001).

Bakow and Low (2018, p.2) report that in South Africa the *isangoma* (diviners) are mostly women who experience *ukuthwasa*; the calling to become an

African traditional healer. Although Bakow and Low's (2018) article sought to define the phenomenology of ukuthwasa, the lived experience, particularly of women healers becoming sangoma was not investigated. Gendered signifiers were present in unstructured interviews when sangoma trainees shared their detailed dreams with the researchers; identifying “a female sangoma” (Bakow & Low, 2018, p.11) and “a female cow” (Bakow & Low, 2018, p.12) as significant interpretive markers while communicating with their ancestors. The researchers concluded that culture influences treatment choices and is critical for those experiencing ukuthwasa. However, gendered representations supporting the phenomenology of ukuthwasa were not interrogated.

Few researchers reported gendered representations in population level insights about African traditional healers and their patients. Therefore, the following studies contain statistical reference to gender and were considered significant to review. Sorsdahl et al. (2009) reported patient consultation predictors with South African traditional healers. Patients were characteristically female, older (median age, 35), black, unemployed, low education, having an anxiety or substance disorder (Sorsdahl et al., 2009). Findings analysed the participants' age, race and religious affiliations connected to health seeking behaviours, but made only brief statistical reference to patients' 'sex' as male or female. The researchers found that “gender, location, religion, employment and education were not associated with traditional healing consultation” (Sorsdahl et al., 2009, p.5). Although gendered signifiers of healing and care were notable throughout the study, a gendered analysis of participants was not forthcoming. Gendered representations were shared within a narrow statistical binary of male or female. Exploration of gender's influence on patient consultation predictors with healers may encourage critical thinking around the positioning of African Women patients in the literature.

Audet, Salato, Vermund, and Amico (2017) studied community engagement with Mozambique traditional healers as HIV care adherence partners. The majority of participants were women (community members, 84%; traditional healers, 62%; clinicians, 65%). They reported some patients discontinue HIV clinical care despite receiving free services and medication. Fear of gender-based violence due to HIV stigma and patient preference for traditional medicine were important concerns towards disclosure and treatment adherence (Audet, Ngobeni, Graves, & Wagner, 2017). Yet, gender was not underscored. Audet, Ngobeni, and Wagner (2017) reported their South African sample of rural traditional healers who treat HIV were statistically female (77%), older (58 years) with low levels of education. Ninety-two healers, (69%), self-identified predominantly as an Inyanga (herbalist) with the remaining healers identifying as sangoma (diviner). Their unexpected finding was that respondent Inyangas were at a higher risk than sangomas to believe they could cure HIV infected patients; surprising for the researchers given the many reports about sangomas who treat HIV in South Africa. They report treating HIV-infected patients seemingly resulted in increased business for the traditional healers, whose respondents were mostly older female (Audet, Ngobeni, Graves, et al., 2017). It may be women healers in the care of HIV patients are granted a high community status and feel empowered. Many questions remain to be answered. More in-depth interviews with women participants may support a better understanding of the reported findings.

With few exceptions, gendered representations of African Women traditional healers appear submerged within hegemonic structures of Western knowledge production; including some classic feminist texts (Mohanty, 1984). Literature written from the perspective of classic feminism seems prone to characterise the African

Woman as homogeneous, marginalised in the world economy due to the historical effects of colonization (Kiguwa, 2008; Mohanty, 1984). The signifiers of gender (e.g. helping, care, vulnerability) are present in the studies, but scholars' analysis of gendered representations may be invisible in two ways. First, by traditional African writers who see gender and ancestors as fluid in frames of patriarchy. Second, by Western and classic feminist writers who homogenise gendered representations of traditional healers. In both instances, gendered signifiers are present.

Gendered Mysticism

Colonial institutions made attempts to disfigure traditional African healing's epistemological paradigms and interventions as backward, dangerous and irrational (Ae-Ngibise et al., 2010). Under South Africa's apartheid era laws, African traditional healers were officially frowned upon by mainstream health practitioners (Peltzer, 2001) as traditional healing practices were perceived as mystical; a magical based belief system with characteristic traits of a feminine intuition, divination and clairvoyance (Keshet & Simchai, 2014; Kiguwa, 2008). Gender theorist Judith Butler (1990) echoed Michel Foucault and Louis Althusser that gender is socially constructed through everyday speech-acts and nonverbal communication that is performative, in that gender serves to define and maintain social identities (Barker & Galansinski, 2001; Butler, 1990). As gender is one of the most important ways society uses to organise people's lives, gender may play a crucial role in African Women's power relations.

Green (2008) wrote in *Making Women's Medicine Masculine*, that in the Western academic context of healing sciences, men were able to establish and maintain hegemonic authority due to their greater access to literacy and the knowledge contained in books. By this strategy, women were systematically isolated from the knowledge of their own bodies, including the diagnosis and treatment of women's associated ailments (Green, 2008). Some African traditional health practitioners support intellectual pursuits (including access to literacy) should remain an exclusive male domain (Kiguwa, 2008). Furthermore, therapies that involve full-time training and science orientated curriculum are reportedly practiced more by men, while women engage more in the "talking" (intuitive) therapies - where prevailing wages are low (Keshet & Simchai, 2014). Never-the-less, the number of women healers is growing in response to the HIV/AIDS epidemic in Africa (Naur, 2001; Nelms & Gorski, 2006), as women mainly care for the ill.

Naur (2001, p.3) reports substantial gender bias in Ghana relating to traditional healers' plant collection, preparation of medicine, and gender roles - with a positive influence on males, but not for female healers. Some male healers would not allow their wives to assist in the preparation of medicine believing the medicine would become useless, and healers would not send their daughters to collect plants from the bush, because people would think them witches. Naur (2001) concludes the taboos' rationale was patrilineal location and succession of women who, after marriage, would move to her husband's family's house with her family's secret knowledge of plants and the medicinal use. The reluctance to teach traditional medicine to the girl child openly, promotes underground and unorthodox healing practices. This has a negative influence on a women's options to generate income as a healing practitioner. Only

traditional birth attendants, more-often exclusively women, were openly remunerated (Naur, 2001).

Whether filled with the Christian Holy Spirit or called by African traditional ancestral spirits, a woman's identity is overtaken by the supernatural, mystical, beyond the reproach of patriarchal authority. Literature report she is revered in her community for her gifts of divination and healing (Nwoye, 2015a; Sobiecki, 2014). Within this paradigm of the supernatural, Tamale (2011, p.31) proposed culture can present as "a double-edged sword" to "be welded creatively and resourcefully" as a way to improve access to women's social justice agendas. Tamale (2011) argued that classic feminist writing groups culture with custom or tradition on an assumption that the lived experience is a fixed reality. As Tamale (2011, p.31) explained in *Researching and Theorising sexualities in Africa*, Western influenced "feminist scholarship, within and outside of Africa, tend to view culture in negative terms and to consider it an impediment to effective reform (of gender equality)". While this criticism is not unfounded, culture may also be understood from an African feminist perspective as a tool for emancipation. Moyo, (2014) built on Tamale's sentiment that despite the reality of patriarchy, religious and cultural traditions provide an empowering space for many African Women to occupy positions of divine authority and protest against all that dehumanises them. Thus, African Women traditional healers' otherwise unalterable reality of patriarchal subservience *is* altered, towards a more just and inclusive community (Moyo, 2014).

Keshet and Simchai's (2014) systematic review of sociological and anthropological articles, and Nissen & Manderson (2013) were among few studies to

explicitly report that women were more likely than men to engage as both producers and users of traditional healing services. Although their studies were about complementary, alternative and traditional medicine (CAM) in the West, they point out traditional healing may be studied as a space of liberation and empowerment for women (in general). A space where women healers are recognised as inherently potent, magical and effective. Keshet and Simchai's (2014) thematic analysis revealed three major themes to account for why women use and practice alternative medicine: 1.) women draw on traditional female resources and 'feminine' characteristics; 2.) alternative medicine challenges hegemony and inequality in health care spaces; 3.) poor political support, legitimacy, holistic spirituality and support primarily by white middle and upper class women slows meaningful transformation in patriarchal Western healthcare systems and limit gendered social change. Reviewers cite gendered inequality in labour markets was due to segregation with low reward for work recognised as 'feminine' - thus, not requiring knowledge or expertise because the work is performed naturally by women (Keshet & Simchai, 2014).

Feminist theories continue to debate the causes of women's oppression, as well as the means by which such oppression can be eliminated. Notwithstanding the reality of patriarchy, African feminist writing recognise religious and cultural traditions provide a space that empowers many African Women to occupy positions of divine authority and protest against subjugation. Are women traditional healers locked into a mystical healing realm by virtue of her gendered performances, e.g divination, healing? It is unclear from available literature how this may differ to male mysticism - if there is a male mysticism.

Gendered Sexuality

Reports indicate indigenous populations' socio-cultural constructions of gender can differ from heteronormative Western ideals and are under-reported (Stobie, 2011); and fewer still - informed from an African feminist paradigm (Chinyama, 2017; Kiguwa, 2008; Moyo, 2014; Tamale, 2011). Tamale (2011) asserts classic feminist literature appears to struggle with nonbinary gendered scheme, where masculine and feminine are not assigned completely to biological male-female bodies. The author contends classic feminists tend to write about gendered opposition, while many African feminist texts propose a spectrum of energy where masculine and feminine are on opposite poles with variations between (Mkhize, 2018; Stobie, 2011; Tamale, 2011). Reference to gender and sexualities in the Western context or in Africa are primarily based on similar predictions of labor, authority and performance. In essence, hierarchical constructions of sexuality are linked by gender to labor, authority and performance against a backdrop of patriarchy and capitalism in its various forms (Butler, 1990; Tamale, 2011). Differing concepts of gendered sexualities in Africa remain under-reported; largely buried in the cultural practices of various non-Western communities.

Moyo, (2014) writes that beginning at birth and lasting a lifetime, an African Woman and man will partake in many gendered rites of passage that mark each stage of their human development. Whether religious or cultural, many people participate in a process of socialisation that subordinates women to men. In these processes women often find themselves as objects at the service of men, excluded from opportunities of

economic empowerment through education afforded to the male child in communities where heterosexuality is considered normative and women are expected to perform (codified) domestic roles (Moyo, 2014). The reality of gender injustice is consolidated when an African Women's social status and economic security is dependent on her being married to a man, having sexual intercourse with him and bearing his children; while men are rarely held accountable by society to the same standards (Moyo, 2014). The special healing powers ascribed to traditional healers by their community, is potentially one path beyond her mundane obligations of feminine codified performances.

Same-sex relations is a unique descriptor Tamale (2011) and other researchers report on the African continent that markedly differs from the self-identifying terms of gay, lesbian, and transgendered that emerged from the West. Researchers like Makasi (2013) contend the Western notions that underpin identity politics do not necessarily apply in African context. Specifically, if traditional healers practice same-sex relationships, why does the Zulu community (and African communities in general) insist that same-sex relationships are un-African? As custodians of culture, how can this un-African phenomenon of homosexual relationships amongst Zulu sangomas be explained? An important link is made in that legalised/state inspired homophobia in Africa was directly imported by colonial powers (Makasi, 2013; Mupotsa, 2012; Tamale, 2011). During colonial encounters various sexual practices and identities of indigenous people were regulated, pathologised and stigmatised by political and legal authorities as well as religious leaders within the Christian and Islamic traditions (Stobie, 2011). Homophobia is widespread and often state-sanctioned; in the case of many African countries, appeals of 'un-African' may be used to control

heteronormative gender performance or sexualities (Makasi, 2013; Stobie, 2011).

Makasi's (2013) report on African traditional healers' identity politics offers important alternatives to Western paradigms.

Stobie (2011) studied women traditional healers in same sex relationships. Rural lesbians are reported to frequently conceal their sexuality, while urban lesbians, in general, are subjected to 'corrective' rape. As very few articles or books have been published on female homosexuality in traditional healing, (see Nkabinde, 2008; Tebogo, 2009) Stobie (2011) profiled Zandile Nkabinde, a lesbian urban based sangoma who has written about her experiences. She reports feeling unafraid from harm, as her spiritual powers have significant masculine associations (Stobie, 2011). Nkabinde's reverence for tradition and her feminist, urban, modernist beliefs sometimes conflict. Furthermore, Nkabinde is possessed by male and female spirits (Stobie, 2011). Therefore, her transgendered performance does not readily fit into Western models of gendered sexuality (Morgan & Reid, 2003; Stobie, 2011). As the diviner's success rests on pleasing the dominant ancestral spirit (Stobie, 2011), "the female sangoma with a dominant male ancestor (may be called upon) to take an ancestral wife and/or female sexual partner to satisfy both community and individual needs" (Stobie, 2011, p.150). While not all lesbian sangomas are open about their identity, Morgan and Reid (2003) propose the practice of sangoma potentially attracted some women in need of relief from codified duties under patriarchy. The authors consider, in the least, the institution of sangoma offers African Women a respected community member on which to model her independence from men (Morgan & Reid, 2003).

The spectre of patriarchy over many African Women healers remains markedly present despite reports of feminist advance. In the discourse about African healers' same-sex relationships, patriarchal binaries codify gendered performances with male and female Ancestors. The narrative appears confined to heteronormative expressions of sexuality, although nuanced on a wider polarity. As the articles are published in English, there may be some meanings non-translatable. The discourse is foreclosed for those women traditional healers who find it difficult to identify as female, lesbian/gay without a male reference point.



Concluding Remarks

This article aimed to reveal how gender is represented in the literature about African traditional healers using the lens of an African feminist. My search resulted in 21 publications for review.

Many societies maintain deep historical traditions that support generalised meanings about how women can participate in the larger culture, politics and healing; how women feel; how women think; the knowledge systems constructed to meet women's needs and contributions to the greater world - which may all merge towards unrealistic expectations for a universal sisterhood (Kiguwa, 2008; Mohanty, 1984; Tamale, 2011). Trying to separate the facts from fiction about the gendered representations of African traditional healers highlights their dysfunctional fit to Western and classic feminist agendas. Limited gendered reporting represents a failure to constitute African Women's power relations to the dominant culture. The political

effects of being African, a woman and a traditional healer was overshadowed in the literature by the hegemony of Western scholarship, and the patriarchal gaze which includes ancestral relations. What does this mean in terms of African Women's liberation if they are rendered invisible/mystical/sexualised in the literature?

It means that it may be difficult to imagine African Women traditional healers in different gendered roles that could undermine the classic feminist interpretation of a collective liberation. As African Women often live in nuanced and complicated spaces, encouraging contributions by African feminist writers about African healers may promote more critical thinking about gendered representations. Even when unacknowledged in the literature, the impact of African Women traditional healers may still be seen as unique within the psychological healing space - like their Western counterparts.

This article represents the first of its kind to demonstrate how gender is represented in the literature about African traditional healers from an African feminist perspective. Despite its limitations, this review made visible the gendered realities of healers that exist in complex and nuanced ways. The limitations of this study include a strong focus on academic literature. Future studies may consider reviewing popular media. Also, the data sample was relatively small and lacks generalisability. Future searches could be wider and larger to include traditional healers in other regions like the Americas and Asia.

While academics move into an era of celebrating traditional healers in the mainstream literature, gendered representations are marginalised or absent. The deficit

may foreclose discourse around gendered scheme of African traditional healers to move beyond hegemonic Western and classic feminist ideals. Values of empowerment attached to African Women as mystical healers may continue to be sublimated to patriarchy in the literature. It is my hope that this work will stimulate future interest in the field of gendered representations of traditional healers, thereby constructing what can and cannot be said about them towards a means of empowerment.



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